REMARKS

Overview

This amendment accompanies the filing of a Request for Continued Examination (RCE). Claims 84-89 and 92-104 are pending in the present application. Claims 84 and 92 have been amended and Claims 94-104 are new. The present response is an earnest effort to place all claims in proper form for immediate allowance. Reconsideration and passage to issuance are therefore respectfully requested.

Examiner Interview

The Applicant thanks the Examiner for the courtesy extended during the Examiner Interview of September 23, 2004. The Interview Summary prepared by the Examiner accurately sets forth the substance of the Interview.

Issues Under 35 U.S.C. § 102

Claims 84, 88, and 89 have been rejected under 35 U.S.C. § 102(e) as being anticipated by U. S. Patent No. 6,393,404 to Waters et al. (hereinafter Waters). Waters does not disclose the step of "linking the selection of the patient procedure code to the selection of the at least one diagnosis code on the first computer." An association between a procedure code and a diagnosis code does not meet the limitation of "linking the selection" required by the claim.

In the proper context of claim 84, claim 84 has been amended to make clear that the "selection of the patient procedure code" is linked to the "selection of the at least one diagnosis code." Waters simply does not disclose this linkage. The Applicant is not claiming being the first to collect patient procedure codes or diagnosis codes. Nor is the Applicant claiming to be first to associate diagnosis codes with the patient procedure code. What is claimed is that the

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specific patient procedure code selected by a care provider and the specific one or more diagnosis codes selected by the care provider are linked. Thus, there is a record of the association made by the care provider. This is fundamentally different than prior art methodologies and the Examiner continues to ignore this difference. For example, consider Waters, where the Examiner cites to column 3, lines 53-65 as providing a linkage. When taken in its proper context, all that Waters discloses is merely collecting diagnosis codes and collecting procedure codes. Waters, moreover, specifically discloses that the system optimizes the ordered procedures (column 3, lines 63-65). Thus, Waters is merely another example of what is known in the art -- collecting diagnosis codes and collecting procedure codes. The system of Waters discloses reordering the codes for optimized billing such as for Medicare reimbursement (column 4, lines 3-8). Thus, all Waters discloses is recording diagnosis codes and recording procedure codes.

An additional deficiency of Waters is that there is no record of the logic, reasoning and decision-making process of the care provider. This is because the present invention maintains a link between the specific diagnosis codes identified by the care provider and the specific procedure performed. Thus, the present invention provides for maintaining a record of care provided in a manner that is not provided in Waters. Therefore, this rejection based on Waters must be withdrawn.

Claim 92 has been rejected under 35 U.S.C. § 102(b) as being anticipated by Guadagnino, Christopher, "Documentation and coding tools" (hereinafter Guadagnino). The Examiner once again misapplies the art. It is noted that Guadagnino discloses on pages 4-5 the CodeMaster Express software. However, it is clear from the context of this disclosure that the statement that "the program offers guidelines to link diagnosis codes to procedure codes" refers to a manner in which codes are selected. This is different than creating a link based on codes selected by the

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care provider. In any event, Guadagnino does not disclose "linking the at least one diagnosis code in rank order to the patient such that a defined relationship between the patient procedure code and the at least one diagnosis code is maintained." Therefore, this rejection to claim 92 must be withdrawn.

Issues Under 35 U.S.C. § 103

Claims 85-87 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Waters and further in view of U. S. Patent No. 5,772,585 to Lavin.

Claims 85-87 all depend from claim 84. For the reasons previously expressed with respect to claim 84, Waters is deficient. Lavin does not remedy these rejections, therefore, these rejections must be withdrawn. It is specifically observed that as shown in Figure 18 of Lavin, Lavin merely provides for collection of diagnosis codes and then selection of procedure codes. Therefore, neither Waters nor Lavin provide for "linking the selection of a patient procedure code to the selection of the at least one diagnosis code on the first computer." Therefore these rejections must be withdrawn.

Claim 93 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Guadagnino as applied to claim 92, and further in view of Lavin.

For the reasons previously expressed, Guadagnino is deficient with respect to claim 92 from which claim 93 depends. Lavin does not remedy this rejection as neither Lavin nor Guadagnino, alone or in combination disclose the step of "linking the at least one diagnosis code in rank order to the patient procedure code on the first computer such that a defined relationship between the patient procedure code and at least one diagnosis code is maintained." Therefore, this rejection must be withdrawn.
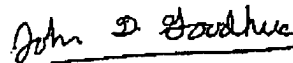
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New Claims

Claims 94-104 are new. These claims do not introduce any new matter and support for these claims should be clear from previous claims.

Conclusion

Applicant is a small entity; therefore, please charge Deposit Account 26-0084 the amount of $395.00 to cover the costs associated with the filing of this RCE. No other fees or extensions of time are believed to be due in connection with this amendment, however, please charge any deficiency to Deposit Account 26-0084.

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